

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different  
than previously  
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00040253

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mario Rizzo

Signature of Treasurer

Electronically Filed by Mario Rizzo

Date

07

15

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	58370.76
(b) Cash on Hand at Beginning of Reporting Period .....	45663.76	
(c) Total Receipts (from Line 19) .....	25489.09	155763.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	71152.85	214134.45
7. Total Disbursements (from Line 31) .....	15697.90	158679.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55454.95	55454.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	22430.77	82496.77
(ii) Unitemized .....	3058.32	72459.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	25489.09	154955.89
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	25489.09	154955.89
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	807.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25489.09	155763.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25489.09	155763.69

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	97.90	669.24	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	97.90	669.24	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4800.00	111800.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	41.36	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	41.36	
29. Other Disbursements.....	10800.00	46168.90	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15697.90	158679.50	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15697.90	158679.50	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	25489.09	154955.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	41.36
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25489.09	154914.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	97.90	669.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	807.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	97.90	-138.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

REBECCA A ABEL

Mailing Address 657 CORAL COURT

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.30

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444540

Amount of Each Receipt this Period

22.46

**B.**

Full Name (Last, First, Middle Initial)

REBECCA A ABEL

Mailing Address 657 CORAL COURT

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444943

Amount of Each Receipt this Period

22.46

**C.**

Full Name (Last, First, Middle Initial)

ERNEST D ADAMS

Mailing Address P O Box 105

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.46

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444282

Amount of Each Receipt this Period

20.22

**SUBTOTAL** of Receipts This Page (optional) .....

65.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
ERNEST D ADAMS

Mailing Address P O Box 105

City State Zip Code  
Grayslake IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444687

Amount of Each Receipt this Period

20.22

**B.**

Full Name (Last, First, Middle Initial)  
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444479

Amount of Each Receipt this Period

34.03

**C.**

Full Name (Last, First, Middle Initial)  
JONES G ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444882

Amount of Each Receipt this Period

34.03

**SUBTOTAL** of Receipts This Page (optional) .....

88.28

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LORAL ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444528

Amount of Each Receipt this Period

35.70

**B.**

Full Name (Last, First, Middle Initial)

LORAL ADUKEH

Mailing Address 1226 RIDGEWOOD LANE

City

LAKE VILLA

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444931

Amount of Each Receipt this Period

35.70

**C.**

Full Name (Last, First, Middle Initial)

DAVID L ALLEN

Mailing Address 4372 Duckhorn Drive

City

Moon Township

State

PA

Zip Code

15108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444229

Amount of Each Receipt this Period

32.34

**SUBTOTAL** of Receipts This Page (optional) .....

103.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID L ALLEN

Mailing Address 4372 Duckhorn Drive

City

Moon Township

State

PA

Zip Code

15108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444635

Amount of Each Receipt this Period

32.34

**B.**

Full Name (Last, First, Middle Initial)

AMY M ALLMON

Mailing Address 4499 Meyers Ct

City

Castle Rock

State

CO

Zip Code

80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.27

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444460

Amount of Each Receipt this Period

26.21

**C.**

Full Name (Last, First, Middle Initial)

AMY M ALLMON

Mailing Address 4499 Meyers Ct

City

Castle Rock

State

CO

Zip Code

80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444863

Amount of Each Receipt this Period

26.21

**SUBTOTAL** of Receipts This Page (optional) .....

84.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444185

Amount of Each Receipt this Period

79.56

**B.**

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444591

Amount of Each Receipt this Period

79.56

**C.**

Full Name (Last, First, Middle Initial)

DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444187

Amount of Each Receipt this Period

21.97

SUBTOTAL of Receipts This Page (optional) .....

181.09

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DENIS BAILEY

Mailing Address 8316 E. Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

261.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444593

Amount of Each Receipt this Period

21.97

**B.**

Full Name (Last, First, Middle Initial)

Donald J Bailey

Mailing Address 27 Kitchell Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President-Emerging Business

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444576

Amount of Each Receipt this Period

115.38

**C.**

Full Name (Last, First, Middle Initial)

Donald J Bailey

Mailing Address 27 Kitchell Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President-Emerging Business

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444979

Amount of Each Receipt this Period

115.38

SUBTOTAL of Receipts This Page (optional) .....

252.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse Unit 508

City

Chicago

State

IL

Zip Code

60626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

319.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444450

Amount of Each Receipt this Period

29.34

**B.**

Full Name (Last, First, Middle Initial)

ALEXANDRA BALATSOUKAS

Mailing Address 1225 W. Morse Unit 508

City

Chicago

State

IL

Zip Code

60626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

348.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444853

Amount of Each Receipt this Period

29.34

**C.**

Full Name (Last, First, Middle Initial)

GREGORY P BALDWIN

Mailing Address 2 Saddle Ridge Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

436.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444439

Amount of Each Receipt this Period

39.94

**SUBTOTAL** of Receipts This Page (optional) .....

98.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GREGORY P BALDWIN

Mailing Address 2 Saddle Ridge Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444842

Amount of Each Receipt this Period

39.94

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 25 Blue Heron Way

City

Skillman

State

NJ

Zip Code

08558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444245

Amount of Each Receipt this Period

36.22

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM P BALLINGER

Mailing Address 25 Blue Heron Way

City

Skillman

State

NJ

Zip Code

08558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

FVP President New Jersey

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444651

Amount of Each Receipt this Period

36.22

**SUBTOTAL** of Receipts This Page (optional) .....

112.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Allstate Financial -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.63

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444558

Amount of Each Receipt this Period

53.89

**B.**

Full Name (Last, First, Middle Initial)

DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Allstate Financial -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444961

Amount of Each Receipt this Period

53.89

**C.**

Full Name (Last, First, Middle Initial)

PHILLIP W BANET

Mailing Address 4589 JADE LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444288

Amount of Each Receipt this Period

37.80

**SUBTOTAL** of Receipts This Page (optional) .....

145.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PHILLIP W BANET

Mailing Address 4589 JADE LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444693

Amount of Each Receipt this Period

37.80

**B.**

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.17

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444539

Amount of Each Receipt this Period

74.27

**C.**

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444942

Amount of Each Receipt this Period

74.27

**SUBTOTAL** of Receipts This Page (optional) .....

186.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 108 Sloan Road

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.89

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444204

Amount of Each Receipt this Period

26.91

**B.**

Full Name (Last, First, Middle Initial)

ROBERT K BECKER

Mailing Address 108 Sloan Road

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444610

Amount of Each Receipt this Period

26.91

**C.**

Full Name (Last, First, Middle Initial)

DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444335

Amount of Each Receipt this Period

21.51

**SUBTOTAL** of Receipts This Page (optional) .....

75.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DIANE BELLAS

Mailing Address 1402 N. Illinois Avenue

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444739

Amount of Each Receipt this Period

21.51

**B.**

Full Name (Last, First, Middle Initial)  
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444404

Amount of Each Receipt this Period

33.50

**C.**

Full Name (Last, First, Middle Initial)  
WALTER A BERKOWICZ

Mailing Address 405 GATESHEAD DRIVE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444807

Amount of Each Receipt this Period

33.50

**SUBTOTAL** of Receipts This Page (optional) .....

88.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code  
GLENCOE IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444220

Amount of Each Receipt this Period

41.21

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD A BIEMER

Mailing Address 807 Greenwood Ave.

City State Zip Code  
GLENCOE IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444626

Amount of Each Receipt this Period

41.21

**C.**

Full Name (Last, First, Middle Initial)  
DAVID G BIEMILLER

Mailing Address 480 LEES LAKE RD

City State Zip Code  
FAYETTEVILLE GA 30214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Process Expert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444275

Amount of Each Receipt this Period

21.38

**SUBTOTAL** of Receipts This Page (optional) .....

103.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444480

Amount of Each Receipt this Period

42.16

**B.**

Full Name (Last, First, Middle Initial)

DAVID A BIRD

Mailing Address 24567 HARBOUR VIEW DRIVE

City

PONTE VEDRA BEA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President-Allstate Workpl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444883

Amount of Each Receipt this Period

42.16

**C.**

Full Name (Last, First, Middle Initial)

ROBERT W BIRMAN

Mailing Address 7533 WHITLOCK PLACE

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Customer Service Senior M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444811

Amount of Each Receipt this Period

17.09

SUBTOTAL of Receipts This Page (optional) .....

101.41

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

706.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444470

Amount of Each Receipt this Period

64.20

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444873

Amount of Each Receipt this Period

64.20

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS L BORG

Mailing Address 2160 Red Setter Road

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Financial Sales Consultan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.13

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444537

Amount of Each Receipt this Period

32.83

**SUBTOTAL** of Receipts This Page (optional) .....

161.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DOUGLAS L BORG

Mailing Address 2160 Red Setter Road

City

Rocklin

State

CA

Zip Code

95765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Financial Sales Consultan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444940

Amount of Each Receipt this Period

32.83

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444248

Amount of Each Receipt this Period

81.20

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

964.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444654

Amount of Each Receipt this Period

81.20

**SUBTOTAL** of Receipts This Page (optional) .....

195.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LONDON B BRADLEY

Mailing Address 2411 Grey Eagle Bay

City State Zip Code  
woodbury MN 55129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444511

Amount of Each Receipt this Period

35.24

**B.**

Full Name (Last, First, Middle Initial)  
LONDON B BRADLEY

Mailing Address 2411 Grey Eagle Bay

City State Zip Code  
woodbury MN 55129

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444914

Amount of Each Receipt this Period

35.24

**C.**

Full Name (Last, First, Middle Initial)  
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Encompass Field Distr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444484

Amount of Each Receipt this Period

22.54

**SUBTOTAL** of Receipts This Page (optional) .....

93.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH A BRANCH

Mailing Address 28955 NIBLICK KNOLL CT.

City State Zip Code  
IVANHOE IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Encompass Field Distr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444887

Amount of Each Receipt this Period

22.54

**B.**

Full Name (Last, First, Middle Initial)  
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444357

Amount of Each Receipt this Period

20.89

**C.**

Full Name (Last, First, Middle Initial)  
JEFFREY P BRASK

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444761

Amount of Each Receipt this Period

20.89

**SUBTOTAL** of Receipts This Page (optional) .....

64.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.73

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444236

Amount of Each Receipt this Period

20.23

**B.**

Full Name (Last, First, Middle Initial)

DUDLEY R BRIGHT

Mailing Address 18135 W MEANDER DR

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444642

Amount of Each Receipt this Period

20.23

**C.**

Full Name (Last, First, Middle Initial)

SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.09

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444345

Amount of Each Receipt this Period

47.19

**SUBTOTAL** of Receipts This Page (optional) .....

87.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444749

Amount of Each Receipt this Period

47.19

**B.**

Full Name (Last, First, Middle Initial)

LINDA K BROBECK

Mailing Address 399 Summit Dr.

City

Emerald Hills

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444315

Amount of Each Receipt this Period

20.89

**C.**

Full Name (Last, First, Middle Initial)

LINDA K BROBECK

Mailing Address 399 Summit Dr.

City

Emerald Hills

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444720

Amount of Each Receipt this Period

20.89

**SUBTOTAL** of Receipts This Page (optional) .....

88.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.74

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444258

Amount of Each Receipt this Period

37.70

**B.**

Full Name (Last, First, Middle Initial)

LORRIE K BROUSE

Mailing Address 223 POLK PLACE DRIVE

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444664

Amount of Each Receipt this Period

37.70

**C.**

Full Name (Last, First, Middle Initial)

BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City

CHICAGO

State

IL

Zip Code

60625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444296

Amount of Each Receipt this Period

20.79

**SUBTOTAL** of Receipts This Page (optional) .....

96.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BETH A BROWN

Mailing Address 2637 W. WILSON AVE.

City

CHICAGO

State

IL

Zip Code

60625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444701

Amount of Each Receipt this Period

20.79

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field EB Sls Ldr-Small Bu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.59

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444221

Amount of Each Receipt this Period

19.41

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL E BROWN

Mailing Address 3203 Long Blvd # 6

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field EB Sls Ldr-Small Bu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444627

Amount of Each Receipt this Period

19.41

**SUBTOTAL** of Receipts This Page (optional) .....

59.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444442

Amount of Each Receipt this Period

20.08

**B.**

Full Name (Last, First, Middle Initial)

PAMELA S BROWN

Mailing Address 5886 TEAL LANE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444845

Amount of Each Receipt this Period

20.08

**C.**

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2073.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444263

Amount of Each Receipt this Period

188.46

**SUBTOTAL** of Receipts This Page (optional) .....

228.62

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
SVP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2261.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444669

Amount of Each Receipt this Period

188.46

**B.**

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444341

Amount of Each Receipt this Period

37.76

**C.**

Full Name (Last, First, Middle Initial)

ANNE MARIE L BRUNNER

Mailing Address 2514 SOUTH WESLEY AVE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444745

Amount of Each Receipt this Period

37.76

SUBTOTAL of Receipts This Page (optional) .....

263.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444471

Amount of Each Receipt this Period

33.44

**B.**

Full Name (Last, First, Middle Initial)

DAVID N BUGGS

Mailing Address 12234 85TH AVE

City

PLEASANT PR

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444874

Amount of Each Receipt this Period

33.44

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City

Parker

State

CO

Zip Code

80138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444562

Amount of Each Receipt this Period

44.98

**SUBTOTAL** of Receipts This Page (optional) .....

111.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City

Parker

State

CO

Zip Code

80138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444965

Amount of Each Receipt this Period

44.98

**B.**

Full Name (Last, First, Middle Initial)

GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.15

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444226

Amount of Each Receipt this Period

25.13

**C.**

Full Name (Last, First, Middle Initial)

GREGORY C BURNS

Mailing Address 2000 N. BROADMOOR LANE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444632

Amount of Each Receipt this Period

25.13

**SUBTOTAL** of Receipts This Page (optional) .....

95.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.13

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444466

Amount of Each Receipt this Period

83.39

**B.**

Full Name (Last, First, Middle Initial)

ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444869

Amount of Each Receipt this Period

83.39

**C.**

Full Name (Last, First, Middle Initial)

RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City

POMPANO BEACH

State

FL

Zip Code

33062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444268

Amount of Each Receipt this Period

18.56

**SUBTOTAL** of Receipts This Page (optional) .....

185.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD S CAIRNS

Mailing Address 2791 NE 9TH COURT

City State Zip Code  
POMPANO BEACH FL 33062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444674

Amount of Each Receipt this Period

18.56

**B.**

Full Name (Last, First, Middle Initial)  
IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.27

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444478

Amount of Each Receipt this Period

25.89

**C.**

Full Name (Last, First, Middle Initial)  
IRIS M CHESTER

Mailing Address 643 ST GEORGE CT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Human Resource Ivanta

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444881

Amount of Each Receipt this Period

25.89

**SUBTOTAL** of Receipts This Page (optional) .....

70.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Senior Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.41

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444413

Amount of Each Receipt this Period

21.79

**B.**

Full Name (Last, First, Middle Initial)  
VIRGINIA O CHIAPPETTA

Mailing Address 165 ARLINGTON AVE

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Senior Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444816

Amount of Each Receipt this Period

21.79

**C.**

Full Name (Last, First, Middle Initial)  
SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444395

Amount of Each Receipt this Period

44.16

**SUBTOTAL** of Receipts This Page (optional) .....

87.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SCOTT M CHRISTENSEN

Mailing Address 20713 LEXINGTON LANE

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444798

Amount of Each Receipt this Period

44.16

**B.**

Full Name (Last, First, Middle Initial)

EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.73

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444421

Amount of Each Receipt this Period

26.71

**C.**

Full Name (Last, First, Middle Initial)

EDWARD T CLARK

Mailing Address 2907 GLENARYE DR

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444824

Amount of Each Receipt this Period

26.71

**SUBTOTAL** of Receipts This Page (optional) .....

97.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER W CLAY

Mailing Address 8875 SILVERBERRY AVENUE

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.73

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444561

Amount of Each Receipt this Period

32.79

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER W CLAY

Mailing Address 8875 SILVERBERRY AVENUE

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444964

Amount of Each Receipt this Period

32.79

**C.**

Full Name (Last, First, Middle Initial)

MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City

WESTERN SPRINGS

State

IL

Zip Code

60558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444290

Amount of Each Receipt this Period

38.40

SUBTOTAL of Receipts This Page (optional) .....

103.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MARK P CLOGHESSY

Mailing Address 4343 LAWN AVE

City State Zip Code  
WESTERN SPRINGS IL 60558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444695

Amount of Each Receipt this Period

38.40

**B.**

Full Name (Last, First, Middle Initial)  
DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code  
PALM HARBOR FL 34685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444419

Amount of Each Receipt this Period

30.68

**C.**

Full Name (Last, First, Middle Initial)  
DEBORAH L CLOUSER

Mailing Address 4667 TAMWORTH DR

City State Zip Code  
PALM HARBOR FL 34685

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Marketing Manage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444822

Amount of Each Receipt this Period

30.68

**SUBTOTAL** of Receipts This Page (optional) .....

99.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.25

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444381

Amount of Each Receipt this Period

36.07

**B.**

Full Name (Last, First, Middle Initial)

LISA D COCHRANE

Mailing Address 270 FAIRVIEW AVENUE

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444784

Amount of Each Receipt this Period

36.07

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A COFFEY

Mailing Address 21200 W. KEPWICK

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444384

Amount of Each Receipt this Period

22.74

**SUBTOTAL** of Receipts This Page (optional) .....

94.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA A COFFEY

Mailing Address 21200 W. KEPWICK

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444787

Amount of Each Receipt this Period

22.74

**B.**

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.19

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444333

Amount of Each Receipt this Period

46.05

**C.**

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444737

Amount of Each Receipt this Period

46.05

**SUBTOTAL** of Receipts This Page (optional) .....

114.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City

Palatine

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.29

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444368

Amount of Each Receipt this Period

19.79

**B.**

Full Name (Last, First, Middle Initial)

LARRY K CONLEE

Mailing Address 363 Kensington Ct.

City

Palatine

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444772

Amount of Each Receipt this Period

19.79

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.18

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444386

Amount of Each Receipt this Period

32.74

**SUBTOTAL** of Receipts This Page (optional) .....

72.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P COOGAN

Mailing Address 1609 SYRACUSE LN.

City

SCHAUMBURG

State

IL

Zip Code

60193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

390.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444789

Amount of Each Receipt this Period

32.74

**B.**

Full Name (Last, First, Middle Initial)

ERROL CRAMER

Mailing Address 1111 SARANAC AVE.

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Life Actuary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

214.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444791

Amount of Each Receipt this Period

18.03

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR, Jr.

Mailing Address 905 Chalet Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President -Corp Ethn

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

794.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444232

Amount of Each Receipt this Period

72.26

**SUBTOTAL** of Receipts This Page (optional) .....

123.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR, Jr.

Mailing Address 905 Chalet Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President -Corp Ethn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444638

Amount of Each Receipt this Period

72.26

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444257

Amount of Each Receipt this Period

37.42

**C.**

Full Name (Last, First, Middle Initial)

ROBERT W DANIELS

Mailing Address 1020 Pleasant Street #1

City

Oak Park

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444663

Amount of Each Receipt this Period

37.42

**SUBTOTAL** of Receipts This Page (optional) .....

147.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444334

Amount of Each Receipt this Period

47.12

**B.**

Full Name (Last, First, Middle Initial)

RANDAL S DECOURSEY

Mailing Address 1954 Oakwood Dr

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444738

Amount of Each Receipt this Period

47.12

**C.**

Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444280

Amount of Each Receipt this Period

39.71

**SUBTOTAL** of Receipts This Page (optional) .....

133.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN J DEGNAN-SCHMIDT

Mailing Address 1320 MULBERRY LN.

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444685

Amount of Each Receipt this Period

39.71

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.49

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444435

Amount of Each Receipt this Period

54.59

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444838

Amount of Each Receipt this Period

54.59

**SUBTOTAL** of Receipts This Page (optional) .....

148.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 208

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.37

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444411

Amount of Each Receipt this Period

22.15

**B.**

Full Name (Last, First, Middle Initial)

DEIDRE B DERRIG

Mailing Address 460 TOWER ROAD

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444814

Amount of Each Receipt this Period

22.15

**C.**

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444274

Amount of Each Receipt this Period

45.59

**SUBTOTAL** of Receipts This Page (optional) .....

89.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LORI A DESCH

Mailing Address 12923 Freemont Peak Lane

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444680

Amount of Each Receipt this Period

45.59

**B.**

Full Name (Last, First, Middle Initial)

KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City

BARRINGTON HILLS

State

IL

Zip Code

60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.49

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444467

Amount of Each Receipt this Period

19.51

**C.**

Full Name (Last, First, Middle Initial)

KRISTINE DIGIROLAMO

Mailing Address 10123 NORTH RIVER ROAD

City

BARRINGTON HILLS

State

IL

Zip Code

60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444870

Amount of Each Receipt this Period

19.51

**SUBTOTAL** of Receipts This Page (optional) .....

84.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Victoria A Dinges

Mailing Address 2504 Thayer Street

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444563

Amount of Each Receipt this Period

54.71

**B.**

Full Name (Last, First, Middle Initial)

Victoria A Dinges

Mailing Address 2504 Thayer Street

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.55

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444966

Amount of Each Receipt this Period

54.71

**C.**

Full Name (Last, First, Middle Initial)

SARAH R DONAHUE

Mailing Address 4147 RFD

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444412

Amount of Each Receipt this Period

58.50

**SUBTOTAL** of Receipts This Page (optional) .....

167.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444815

Amount of Each Receipt this Period

58.50

**B.**

Full Name (Last, First, Middle Initial)  
BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code  
Lincolnwood IL 60712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.21

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444499

Amount of Each Receipt this Period

20.67

**C.**

Full Name (Last, First, Middle Initial)  
BRIAN M DONLAN

Mailing Address 3806 W. Devon Ave

City State Zip Code  
Lincolnwood IL 60712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444902

Amount of Each Receipt this Period

20.67

**SUBTOTAL** of Receipts This Page (optional) .....

99.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444524

Amount of Each Receipt this Period

21.72

**B.**

Full Name (Last, First, Middle Initial)

PHILIP J DORN

Mailing Address 12 SAINT JOHN DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444927

Amount of Each Receipt this Period

21.72

**C.**

Full Name (Last, First, Middle Initial)

DANIEL C DRESSSEL

Mailing Address 1706 ADLER LANE

City

MALVERN

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444235

Amount of Each Receipt this Period

20.38

**SUBTOTAL** of Receipts This Page (optional) .....

63.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL C DRESSEL

Mailing Address 1706 ADLER LANE

City

MALVERN

State

PA

Zip Code

19355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444641

Amount of Each Receipt this Period

20.38

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.51

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444312

Amount of Each Receipt this Period

28.89

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA B DREXLER

Mailing Address 472 W. SYCAMORE ST.

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444717

Amount of Each Receipt this Period

28.89

**SUBTOTAL** of Receipts This Page (optional) .....

78.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DONALD L DUFF

Mailing Address 127 E. STREAMWOOD BLVD.

City State Zip Code  
STREAMWOOD IL 60107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Line of Bus Sr Mgr-Small

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444309

Amount of Each Receipt this Period

24.28

**B.**

Full Name (Last, First, Middle Initial)  
DONALD L DUFF

Mailing Address 127 E. STREAMWOOD BLVD.

City State Zip Code  
STREAMWOOD IL 60107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Line of Bus Sr Mgr-Small

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444714

Amount of Each Receipt this Period

24.28

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City State Zip Code  
ROSCOE IL 61073

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Allstate Financial Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444394

Amount of Each Receipt this Period

26.96

**SUBTOTAL** of Receipts This Page (optional) .....

75.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL S DUNN

Mailing Address 18202 HARNISH RD.

City

ROSCOE

State

IL

Zip Code

61073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444797

Amount of Each Receipt this Period

26.96

**B.**

Full Name (Last, First, Middle Initial)

LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Encompass Finance & D

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.39

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444398

Amount of Each Receipt this Period

23.53

**C.**

Full Name (Last, First, Middle Initial)

LAURA DUNNE

Mailing Address 1810 BALMORAL AVE

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Encompass Finance & D

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444801

Amount of Each Receipt this Period

23.53

**SUBTOTAL** of Receipts This Page (optional) .....

74.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.17

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444418

Amount of Each Receipt this Period

30.87

**B.**

Full Name (Last, First, Middle Initial)

DANIEL P DURBIN

Mailing Address 1311 SOUTH WALNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444821

Amount of Each Receipt this Period

30.87

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444317

Amount of Each Receipt this Period

34.61

**SUBTOTAL** of Receipts This Page (optional) .....

96.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MATTHEW S EASLEY

Mailing Address 1327 N Illinois Avenue

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product AF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444722

Amount of Each Receipt this Period

34.61

**B.**

Full Name (Last, First, Middle Initial)  
JAMES C EASON

Mailing Address 3077 EAST LAKE RD

City State Zip Code  
MCDONOUGH GA 30252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444269

Amount of Each Receipt this Period

30.05

**C.**

Full Name (Last, First, Middle Initial)  
JAMES C EASON

Mailing Address 3077 EAST LAKE RD

City State Zip Code  
MCDONOUGH GA 30252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444675

Amount of Each Receipt this Period

30.05

**SUBTOTAL** of Receipts This Page (optional) .....

94.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444305

Amount of Each Receipt this Period

21.89

**B.**

Full Name (Last, First, Middle Initial)

SHEILA A ECKHOFF

Mailing Address 211 N ERIE ST

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444710

Amount of Each Receipt this Period

26.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT N EMMICH

Mailing Address 108 SADDLE CREEK COVE

City

CANTON

State

MS

Zip Code

39046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444950

Amount of Each Receipt this Period

17.81

**SUBTOTAL** of Receipts This Page (optional) .....

65.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City

CHICAGO

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.49

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444425

Amount of Each Receipt this Period

39.99

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN N ENRIGHT

Mailing Address 10323 TRUMBULL AVE

City

CHICAGO

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444828

Amount of Each Receipt this Period

39.99

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.39

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444188

Amount of Each Receipt this Period

54.77

**SUBTOTAL** of Receipts This Page (optional) .....

134.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444594

Amount of Each Receipt this Period

54.77

**B.**

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444218

Amount of Each Receipt this Period

44.79

**C.**

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444624

Amount of Each Receipt this Period

44.79

**SUBTOTAL** of Receipts This Page (optional) .....

144.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444477

Amount of Each Receipt this Period

40.36

**B.**

Full Name (Last, First, Middle Initial)

KATHRYN L FABYAN

Mailing Address 21209 WEST YORKSHIRE DRIVE

City

KILDEER

State

IL

Zip Code

60049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444880

Amount of Each Receipt this Period

40.36

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444453

Amount of Each Receipt this Period

29.01

**SUBTOTAL** of Receipts This Page (optional) .....

109.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CAROLYN A FILIPOVIC

Mailing Address 918 JUNIPER ROAD

City State Zip Code  
GLENVIEW IL 60025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Regional Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444856

Amount of Each Receipt this Period

29.01

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code  
ANTIOCH IL 60002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444223

Amount of Each Receipt this Period

26.55

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN FINE

Mailing Address 40375 N. SEA EAGLE CT

City State Zip Code  
ANTIOCH IL 60002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444629

Amount of Each Receipt this Period

26.55

**SUBTOTAL** of Receipts This Page (optional) .....

82.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LISA J FLANARY

Mailing Address 1007 Harris Road

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Distribution Channel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444463

Amount of Each Receipt this Period

36.26

**B.**

Full Name (Last, First, Middle Initial)

LISA J FLANARY

Mailing Address 1007 Harris Road

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Distribution Channel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444866

Amount of Each Receipt this Period

36.26

**C.**

Full Name (Last, First, Middle Initial)

AMY C FLOYD

Mailing Address 1025 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444272

Amount of Each Receipt this Period

27.18

**SUBTOTAL** of Receipts This Page (optional) .....

99.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

AMY C FLOYD

Mailing Address 1025 BONITA DRIVE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444678

Amount of Each Receipt this Period

27.18

**B.**

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444344

Amount of Each Receipt this Period

44.60

**C.**

Full Name (Last, First, Middle Initial)

KELLY F FOGARTY

Mailing Address 613 REX

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444748

Amount of Each Receipt this Period

44.60

**SUBTOTAL** of Receipts This Page (optional) .....

116.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444501

Amount of Each Receipt this Period

21.20

**B.**

Full Name (Last, First, Middle Initial)

ANGELA K FONTANA

Mailing Address 1280 WILD ROSE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444904

Amount of Each Receipt this Period

21.20

**C.**

Full Name (Last, First, Middle Initial)

ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444234

Amount of Each Receipt this Period

36.34

**SUBTOTAL** of Receipts This Page (optional) .....

78.74

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANGELA FUSCO

Mailing Address 22255 MASHIE CT

City

IVANHOE

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

431.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444640

Amount of Each Receipt this Period

36.34

**B.**

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

295.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444183

Amount of Each Receipt this Period

26.87

**C.**

Full Name (Last, First, Middle Initial)

VINCENT A FUSCO

Mailing Address 6 SUGAR MAPLE COURT

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

322.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444589

Amount of Each Receipt this Period

26.87

SUBTOTAL of Receipts This Page (optional) .....

90.08

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANNA M GALL

Mailing Address 1667 FLAGSTONE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Department Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444708

Amount of Each Receipt this Period

17.08

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444195

Amount of Each Receipt this Period

19.36

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH E GARNETT

Mailing Address 507 OLD WALNUT CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444601

Amount of Each Receipt this Period

19.36

**SUBTOTAL** of Receipts This Page (optional) .....

55.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Director FSS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444374

Amount of Each Receipt this Period

36.95

**B.**

Full Name (Last, First, Middle Initial)  
NICK GEORGAKOPOULOS

Mailing Address 1129 N Mitchell Ave

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Director FSS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.31

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444778

Amount of Each Receipt this Period

36.95

**C.**

Full Name (Last, First, Middle Initial)  
MARIBEL V GERSTNER

Mailing Address 2754 CHARLIE CT.

City State Zip Code  
GLENVIEW IL 60026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444328

Amount of Each Receipt this Period

43.84

**SUBTOTAL** of Receipts This Page (optional) .....

117.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARIBEL V GERSTNER

Mailing Address 2754 CHARLIE CT.

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444732

Amount of Each Receipt this Period

43.84

**B.**

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444503

Amount of Each Receipt this Period

31.76

**C.**

Full Name (Last, First, Middle Initial)

BONNIE S GILL

Mailing Address 1570 EDGEFIELD LANE

City

HOFFMAN ESTATES

State

IL

Zip Code

60169

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP State Team

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444906

Amount of Each Receipt this Period

31.76

**SUBTOTAL** of Receipts This Page (optional) .....

107.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444189

Amount of Each Receipt this Period

42.68

**B.**

Full Name (Last, First, Middle Initial)

JOAN GILMORE

Mailing Address 656 S BUCKINGHAM CT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444595

Amount of Each Receipt this Period

42.68

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM T GOFF

Mailing Address 124 FLEETS COVE ROAD

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444190

Amount of Each Receipt this Period

19.10

**SUBTOTAL** of Receipts This Page (optional) .....

104.46

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM T GOFF

Mailing Address 124 FLEETS COVE ROAD

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444596

Amount of Each Receipt this Period

19.10

**B.**

Full Name (Last, First, Middle Initial)

BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444320

Amount of Each Receipt this Period

21.09

**C.**

Full Name (Last, First, Middle Initial)

BRUCE R GOLDBERG

Mailing Address 10 MULBERRY LN

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444725

Amount of Each Receipt this Period

21.09

SUBTOTAL of Receipts This Page (optional) .....

61.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

TODD S GOLDMAN

Mailing Address 910 S MICHIGAN AVE #1505

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444211

Amount of Each Receipt this Period

19.40

**B.**

Full Name (Last, First, Middle Initial)

TODD S GOLDMAN

Mailing Address 910 S MICHIGAN AVE #1505

City

CHICAGO

State

IL

Zip Code

60605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444617

Amount of Each Receipt this Period

19.40

**C.**

Full Name (Last, First, Middle Initial)

BRIAN D GORE

Mailing Address 834 Greenwood Dr

City

Lindenhurst

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444592

Amount of Each Receipt this Period

18.11

**SUBTOTAL** of Receipts This Page (optional) .....

56.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444542

Amount of Each Receipt this Period

34.46

**B.**

Full Name (Last, First, Middle Initial)

ANN A GOULD

Mailing Address 4071 NEWPORT LANE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444945

Amount of Each Receipt this Period

34.46

**C.**

Full Name (Last, First, Middle Initial)

GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444271

Amount of Each Receipt this Period

23.07

**SUBTOTAL** of Receipts This Page (optional) .....

91.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GEORGE F GRAWE

Mailing Address 18799 GUNN HIGHWAY

City

ODESSA

State

FL

Zip Code

33556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444677

Amount of Each Receipt this Period

23.07

**B.**

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444486

Amount of Each Receipt this Period

28.77

**C.**

Full Name (Last, First, Middle Initial)

PAMELA P GRAY

Mailing Address 50 E. BELLEVUE PL. #2402

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444889

Amount of Each Receipt this Period

28.77

**SUBTOTAL** of Receipts This Page (optional) .....

80.61

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Green

Mailing Address 19586 Saratoga Springs PI

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444571

Amount of Each Receipt this Period

53.82

**B.**

Full Name (Last, First, Middle Initial)

Mark Green

Mailing Address 19586 Saratoga Springs PI

City

Ashburn

State

VA

Zip Code

20147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444974

Amount of Each Receipt this Period

53.82

**C.**

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Investment Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444285

Amount of Each Receipt this Period

68.08

**SUBTOTAL** of Receipts This Page (optional) .....

175.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Investment Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444690

Amount of Each Receipt this Period

68.08

**B.**

Full Name (Last, First, Middle Initial)

MARYLIN H GROOM

Mailing Address 170 ASPINWALL STREET

City

WESTBURY

State

NY

Zip Code

11590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444612

Amount of Each Receipt this Period

17.35

**C.**

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.15

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444198

Amount of Each Receipt this Period

25.65

**SUBTOTAL** of Receipts This Page (optional) .....

111.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANN M GROSS

Mailing Address 91 STABLE WAY

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444604

Amount of Each Receipt this Period

25.65

**B.**

Full Name (Last, First, Middle Initial)

GREGORY J GUIDOS

Mailing Address 417 Adams Avenue

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444452

Amount of Each Receipt this Period

27.29

**C.**

Full Name (Last, First, Middle Initial)

GREGORY J GUIDOS

Mailing Address 417 Adams Avenue

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444855

Amount of Each Receipt this Period

27.29

**SUBTOTAL** of Receipts This Page (optional) .....

80.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT HALPERN-GIVENS

Mailing Address 3001 SUTTON WOODS COURT

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444827

Amount of Each Receipt this Period

17.54

**B.**

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.66

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444512

Amount of Each Receipt this Period

37.86

**C.**

Full Name (Last, First, Middle Initial)

RANDALL M HANSON

Mailing Address 840 ALLEGHANY

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444915

Amount of Each Receipt this Period

37.86

**SUBTOTAL** of Receipts This Page (optional) .....

93.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

David S Harper

Mailing Address 1278 Cobble Pond Way

City State Zip Code  
 Vienna VA 22182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444573

Amount of Each Receipt this Period

62.10

**B.**

Full Name (Last, First, Middle Initial)

David S Harper

Mailing Address 1278 Cobble Pond Way

City State Zip Code  
 Vienna VA 22182

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444976

Amount of Each Receipt this Period

62.10

**C.**

Full Name (Last, First, Middle Initial)

KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City State Zip Code  
 ROSELLE IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.99

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444281

Amount of Each Receipt this Period

26.53

**SUBTOTAL** of Receipts This Page (optional) .....

150.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
KEITH A HAUSCHILDT

Mailing Address 636 ROSEDALE AVE

City State Zip Code  
ROSELLE IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP AF Operations & Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444686

Amount of Each Receipt this Period

26.53

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444298

Amount of Each Receipt this Period

25.77

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD J HENEBERRY

Mailing Address 23 CLAYTON

City State Zip Code  
LAKE VILLA IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444703

Amount of Each Receipt this Period

25.77

**SUBTOTAL** of Receipts This Page (optional) .....

78.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1364.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444255

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1489.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444661

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

PAULA M HODGES

Mailing Address 7310 S 34TH CT

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444521

Amount of Each Receipt this Period

30.22

**SUBTOTAL** of Receipts This Page (optional) .....

280.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAULA M HODGES

Mailing Address 7310 S 34TH CT

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Allstate Financial Senior

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444924

Amount of Each Receipt this Period

30.22

**B.**

Full Name (Last, First, Middle Initial)

LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Investment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444554

Amount of Each Receipt this Period

46.14

**C.**

Full Name (Last, First, Middle Initial)

LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Investment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444957

Amount of Each Receipt this Period

46.14

**SUBTOTAL** of Receipts This Page (optional) .....

122.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code  
Chicago IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444294

Amount of Each Receipt this Period

33.60

**B.**

Full Name (Last, First, Middle Initial)  
F M HORD

Mailing Address 1101 S. State Street 1002

City State Zip Code  
Chicago IL 60605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Service Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444699

Amount of Each Receipt this Period

33.60

**C.**

Full Name (Last, First, Middle Initial)  
MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City State Zip Code  
ARLINGTON HTS. IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444474

Amount of Each Receipt this Period

20.28

**SUBTOTAL** of Receipts This Page (optional) .....

87.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARY L HUBER

Mailing Address 1532 NORTH BELMONT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444877

Amount of Each Receipt this Period

20.28

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL S HURLEY

Mailing Address 1225 N. BURGANDY TRAIL

City

JACKSONVILLE

State

FL

Zip Code

32259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.11

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444644

Amount of Each Receipt this Period

17.19

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444377

Amount of Each Receipt this Period

51.63

**SUBTOTAL** of Receipts This Page (optional) .....

89.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444780

Amount of Each Receipt this Period

51.63

**B.**

Full Name (Last, First, Middle Initial)

LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sourcing Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444336

Amount of Each Receipt this Period

30.75

**C.**

Full Name (Last, First, Middle Initial)

LYNNE A IVERSON

Mailing Address 890 BLAZING STAR TRAIL

City

CARY

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sourcing Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444740

Amount of Each Receipt this Period

30.75

**SUBTOTAL** of Receipts This Page (optional) .....

113.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444321

Amount of Each Receipt this Period

82.70

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444726

Amount of Each Receipt this Period

82.70

**C.**

Full Name (Last, First, Middle Initial)

BOB A JACKSON

Mailing Address 226 Maison Court

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444518

Amount of Each Receipt this Period

22.26

**SUBTOTAL** of Receipts This Page (optional) .....

187.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BOB A JACKSON

Mailing Address 226 Maison Court

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444921

Amount of Each Receipt this Period

22.26

**B.**

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444314

Amount of Each Receipt this Period

36.58

**C.**

Full Name (Last, First, Middle Initial)

JAMES C JAMIESON

Mailing Address 25 BRUCE CIRCLE NORTH

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444719

Amount of Each Receipt this Period

36.58

**SUBTOTAL** of Receipts This Page (optional) .....

95.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City

HUNTINGTON STA

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.23

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444196

Amount of Each Receipt this Period

21.65

**B.**

Full Name (Last, First, Middle Initial)

JOHN A KANE

Mailing Address 1 LONGLEY PLACE

City

HUNTINGTON STA

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444602

Amount of Each Receipt this Period

21.65

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY M KATHRENS

Mailing Address 703 HIGHLAND CT

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444868

Amount of Each Receipt this Period

16.94

**SUBTOTAL** of Receipts This Page (optional) .....

60.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code  
ALPHARETTA GA 30004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

586.63

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444178

Amount of Each Receipt this Period

54.45

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code  
ALPHARETTA GA 30004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444584

Amount of Each Receipt this Period

54.45

**C.**

Full Name (Last, First, Middle Initial)  
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
BARTLETT IL 60103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444316

Amount of Each Receipt this Period

42.18

**SUBTOTAL** of Receipts This Page (optional) .....

151.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CURTIS L KIBLER

Mailing Address 1332 BAY MEADOWS DR

City State Zip Code  
BARTLETT IL 60103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444721

Amount of Each Receipt this Period

42.18

**B.**

Full Name (Last, First, Middle Initial)  
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code  
Tower Lakes IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.55

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444360

Amount of Each Receipt this Period

26.05

**C.**

Full Name (Last, First, Middle Initial)  
PAUL N KIERIG

Mailing Address 200 OXFORD RD

City State Zip Code  
Tower Lakes IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444764

Amount of Each Receipt this Period

26.05

**SUBTOTAL** of Receipts This Page (optional) .....

94.28

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444244

Amount of Each Receipt this Period

19.70

**B.**

Full Name (Last, First, Middle Initial)

BARBARA L KILROY

Mailing Address 1036 VINEYARD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Audit Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444650

Amount of Each Receipt this Period

19.70

**C.**

Full Name (Last, First, Middle Initial)

ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444440

Amount of Each Receipt this Period

19.98

SUBTOTAL of Receipts This Page (optional) .....

59.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANNE I KIM

Mailing Address 1580 SHERMAN AVE # 201

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444843

Amount of Each Receipt this Period

19.98

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.83

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444230

Amount of Each Receipt this Period

20.97

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY L KNAPP

Mailing Address 132 FARMSTEAD CIRCLE

City

LEBANON

State

PA

Zip Code

17042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444636

Amount of Each Receipt this Period

20.97

**SUBTOTAL** of Receipts This Page (optional) .....

61.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.19

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444509

Amount of Each Receipt this Period

34.73

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY D KNIPP

Mailing Address 2050 GLENDALE AVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444912

Amount of Each Receipt this Period

34.73

**C.**

Full Name (Last, First, Middle Initial)

GARY L KOCHANKEK

Mailing Address 743 CARDIGAN CT

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.13

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444323

Amount of Each Receipt this Period

72.13

**SUBTOTAL** of Receipts This Page (optional) .....

141.59

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444429

Amount of Each Receipt this Period

32.15

**B.**

Full Name (Last, First, Middle Initial)

JAIKRISHNA KUCHIMANCHI

Mailing Address 1503 ALMADEN LN

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Planning Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444832

Amount of Each Receipt this Period

32.15

**C.**

Full Name (Last, First, Middle Initial)

Joseph Lacher

Mailing Address 2775 Sanders Road Suite A5

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

President Allstate Protection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1779.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444574

Amount of Each Receipt this Period

168.46

SUBTOTAL of Receipts This Page (optional) .....

232.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph Lacher

Mailing Address 2775 Sanders Road Suite A5

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
President Allstate Protection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1947.68

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444977

Amount of Each Receipt this Period

168.46

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A LAMONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.81

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444364

Amount of Each Receipt this Period

70.71

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A LAMONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.52

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444768

Amount of Each Receipt this Period

70.71

**SUBTOTAL** of Receipts This Page (optional) .....

309.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard J Law

Mailing Address 3 Jackson Manor Court

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President - Presiden

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1329.30

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444568

Amount of Each Receipt this Period

121.30

**B.**

Full Name (Last, First, Middle Initial)

Richard J Law

Mailing Address 3 Jackson Manor Court

City

Phoenix

State

MD

Zip Code

21131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President - Presiden

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444971

Amount of Each Receipt this Period

121.30

**C.**

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444515

Amount of Each Receipt this Period

83.16

**SUBTOTAL** of Receipts This Page (optional) .....

325.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444918

Amount of Each Receipt this Period

83.16

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444543

Amount of Each Receipt this Period

66.74

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444946

Amount of Each Receipt this Period

66.74

**SUBTOTAL** of Receipts This Page (optional) .....

216.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444177

Amount of Each Receipt this Period

30.16

**B.**

Full Name (Last, First, Middle Initial)

SUSAN L LEES

Mailing Address 1705 DARTMOUTH LN

City

DEERFIELD

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Sec & Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444583

Amount of Each Receipt this Period

30.16

**C.**

Full Name (Last, First, Middle Initial)

ANDREW P LEICHT

Mailing Address 2318 Coach Rd.

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444327

Amount of Each Receipt this Period

26.54

**SUBTOTAL** of Receipts This Page (optional) .....

86.86

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANDREW P LEIGHT

Mailing Address 2318 Coach Rd.

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444731

Amount of Each Receipt this Period

26.54

**B.**

Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444389

Amount of Each Receipt this Period

22.90

**C.**

Full Name (Last, First, Middle Initial)

NANCY L LEMKE

Mailing Address 5697 BROOKSTONE WALK

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Field Corporate Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444792

Amount of Each Receipt this Period

22.90

**SUBTOTAL** of Receipts This Page (optional) .....

72.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.81

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444529

Amount of Each Receipt this Period

20.75

**B.**

Full Name (Last, First, Middle Initial)

KELLY J LIEN

Mailing Address 3 BEDFORD COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444932

Amount of Each Receipt this Period

20.75

**C.**

Full Name (Last, First, Middle Initial)

GREGORY J LUCETT

Mailing Address P.O. BOX 9242

City

GLENDALE

State

CA

Zip Code

91226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.59

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444545

Amount of Each Receipt this Period

32.45

**SUBTOTAL** of Receipts This Page (optional) .....

73.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY J LUCETT

Mailing Address P.O. BOX 9242

City State Zip Code  
 GLENDALE CA 91226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444948

Amount of Each Receipt this Period

32.45

**B.**

Full Name (Last, First, Middle Initial)  
COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code  
 SCHAUMBURG IL 60193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.57

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444392

Amount of Each Receipt this Period

22.15

**C.**

Full Name (Last, First, Middle Initial)  
COREY C LUECHT

Mailing Address 843 Spring Cove Dr

City State Zip Code  
 SCHAUMBURG IL 60193

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.72

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444795

Amount of Each Receipt this Period

22.15

**SUBTOTAL** of Receipts This Page (optional) .....

76.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444415

Amount of Each Receipt this Period

33.80

**B.**

Full Name (Last, First, Middle Initial)

BENJAMIN E LUMICAO

Mailing Address 343 S. DEARBORN ST. APT. 504

City

CHICAGO

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444818

Amount of Each Receipt this Period

33.80

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City

CASTLE ROCK

State

CO

Zip Code

80104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444473

Amount of Each Receipt this Period

22.44

**SUBTOTAL** of Receipts This Page (optional) .....

90.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL J MACDONALD

Mailing Address 2250 RIDGETRAIL DR

City State Zip Code  
CASTLE ROCK CO 80104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444876

Amount of Each Receipt this Period

22.44

**B.**

Full Name (Last, First, Middle Initial)  
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code  
NAPERVILLE IL 60567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.82

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444199

Amount of Each Receipt this Period

41.62

**C.**

Full Name (Last, First, Middle Initial)  
MORRIS A MADURO

Mailing Address PO BOX 4343

City State Zip Code  
NAPERVILLE IL 60567

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444605

Amount of Each Receipt this Period

41.62

**SUBTOTAL** of Receipts This Page (optional) .....

105.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444331

Amount of Each Receipt this Period

21.04

**B.**

Full Name (Last, First, Middle Initial)  
KENNETH P MARCOTTE

Mailing Address 2311 HAVERTON DR

City State Zip Code  
 MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.64

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444735

Amount of Each Receipt this Period

21.04

**C.**

Full Name (Last, First, Middle Initial)  
Rhonda J Masser

Mailing Address 856 SPRINGHILL CT

City State Zip Code  
 ELGIN IL 60120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.45

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444297

Amount of Each Receipt this Period

18.67

**SUBTOTAL** of Receipts This Page (optional) .....

60.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Rhonda J Masser

Mailing Address 856 SPRINGHILL CT

City

ELGIN

State

IL

Zip Code

60120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444702

Amount of Each Receipt this Period

18.67

**B.**

Full Name (Last, First, Middle Initial)

JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.42

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444416

Amount of Each Receipt this Period

21.50

**C.**

Full Name (Last, First, Middle Initial)

JOHN R MATHEWS

Mailing Address 401 E NORTH AVENUE

City

LAKE BLUFF

State

IL

Zip Code

60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444819

Amount of Each Receipt this Period

21.50

**SUBTOTAL** of Receipts This Page (optional) .....

61.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Michele C Mayes

Mailing Address 1630 Chicago Avenue

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Legal Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1469.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444557

Amount of Each Receipt this Period

135.00

**B.**

Full Name (Last, First, Middle Initial)

Michele C Mayes

Mailing Address 1630 Chicago Avenue

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Legal Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1604.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444960

Amount of Each Receipt this Period

135.00

**C.**

Full Name (Last, First, Middle Initial)

W. D Mays

Mailing Address 1804 Prairie St

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.41

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444254

Amount of Each Receipt this Period

19.31

**SUBTOTAL** of Receipts This Page (optional) .....

289.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

W. D Mays

Mailing Address 1804 Prairie St

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444660

Amount of Each Receipt this Period

19.31

**B.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444401

Amount of Each Receipt this Period

82.45

**C.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

989.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444804

Amount of Each Receipt this Period

82.45

**SUBTOTAL** of Receipts This Page (optional) .....

184.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444351

Amount of Each Receipt this Period

40.56

**B.**

Full Name (Last, First, Middle Initial)

JOHN A MC LAUGHLIN

Mailing Address 25748 N. Stoney Kirk Ct.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444755

Amount of Each Receipt this Period

40.56

**C.**

Full Name (Last, First, Middle Initial)

SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AF Sr Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444399

Amount of Each Receipt this Period

22.26

**SUBTOTAL** of Receipts This Page (optional) .....

103.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 208

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SALLY J MCCARTHY

Mailing Address 1036 ROLLING PASS

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AF Sr Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.23

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444802

Amount of Each Receipt this Period

22.26

**B.**

Full Name (Last, First, Middle Initial)

MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444530

Amount of Each Receipt this Period

27.50

**C.**

Full Name (Last, First, Middle Initial)

MARK A MCGILLIVRAY

Mailing Address 1028 PORTSMOUTH CIRCLE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444933

Amount of Each Receipt this Period

27.50

**SUBTOTAL** of Receipts This Page (optional) .....

77.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
EVAM MCINTEE

Mailing Address 103 Wateredge Court

City State Zip Code  
Safety Harbor FL 34695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.18

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444526

Amount of Each Receipt this Period

40.26

**B.**

Full Name (Last, First, Middle Initial)  
EVAM MCINTEE

Mailing Address 103 Wateredge Court

City State Zip Code  
Safety Harbor FL 34695

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444929

Amount of Each Receipt this Period

40.26

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City State Zip Code  
Parker CO 80134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444249

Amount of Each Receipt this Period

26.51

**SUBTOTAL** of Receipts This Page (optional) .....

107.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL MCKINNEY

Mailing Address 5065 Raintree Circle

City State Zip Code  
Parker CO 80134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444655

Amount of Each Receipt this Period

26.51

**B.**

Full Name (Last, First, Middle Initial)  
PATRICIA S MCPHERSON

Mailing Address 3133 N. Walker Lane West

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444938

Amount of Each Receipt this Period

16.93

**C.**

Full Name (Last, First, Middle Initial)  
PETER D MCPHERSON

Mailing Address 180 EVERGREEN AVE

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Actuary and Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.43

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444342

Amount of Each Receipt this Period

16.85

**SUBTOTAL** of Receipts This Page (optional) .....

60.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
PETER D MCPHERSON

Mailing Address 180 EVERGREEN AVE

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Actuary and Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444746

Amount of Each Receipt this Period

16.85

**B.**

Full Name (Last, First, Middle Initial)  
JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.79

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444278

Amount of Each Receipt this Period

26.33

**C.**

Full Name (Last, First, Middle Initial)  
JEFFREY J MCRAE

Mailing Address 83 Arcadia Lane

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444683

Amount of Each Receipt this Period

26.33

**SUBTOTAL** of Receipts This Page (optional) .....

69.51

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.57

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444192

Amount of Each Receipt this Period

35.87

**B.**

Full Name (Last, First, Middle Initial)

GARY A MELLINI

Mailing Address 21050 PRESTWICK DRIVE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444598

Amount of Each Receipt this Period

35.87

**C.**

Full Name (Last, First, Middle Initial)

HANS H METZINGER

Mailing Address 407 E. CLAIRE LANE

City

PROSPECT HTS

State

IL

Zip Code

60070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sales Support Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444786

Amount of Each Receipt this Period

17.26

SUBTOTAL of Receipts This Page (optional) .....

89.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN W MICHELI

Mailing Address 1328 FOREVER AVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444200

Amount of Each Receipt this Period

19.48

**B.**

Full Name (Last, First, Middle Initial)

JOHN W MICHELI

Mailing Address 1328 FOREVER AVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444606

Amount of Each Receipt this Period

19.48

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City

NEW MARKET

State

MD

Zip Code

21774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional EB Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444291

Amount of Each Receipt this Period

30.31

**SUBTOTAL** of Receipts This Page (optional) .....

69.27

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

FREDERICK J MILLER

Mailing Address 6975 MEADOW POINT TER

City

NEW MARKET

State

MD

Zip Code

21774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional EB Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444696

Amount of Each Receipt this Period

30.31

**B.**

Full Name (Last, First, Middle Initial)

STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City

ALGONQUIN

State

IL

Zip Code

60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.91

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444449

Amount of Each Receipt this Period

23.89

**C.**

Full Name (Last, First, Middle Initial)

STEVEN M MILLER

Mailing Address 1011 Redwood Drive

City

ALGONQUIN

State

IL

Zip Code

60102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444852

Amount of Each Receipt this Period

23.89

**SUBTOTAL** of Receipts This Page (optional) .....

78.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

AMY B MILLS

Mailing Address 2305 N. VERDE DRIVE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444954

Amount of Each Receipt this Period

17.57

**B.**

Full Name (Last, First, Middle Initial)

ALLISON L MOE

Mailing Address 215 Brampton Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.63

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444354

Amount of Each Receipt this Period

20.55

**C.**

Full Name (Last, First, Middle Initial)

ALLISON L MOE

Mailing Address 215 Brampton Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.18

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444758

Amount of Each Receipt this Period

20.55

**SUBTOTAL** of Receipts This Page (optional) .....

58.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 115 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.55

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444337

Amount of Each Receipt this Period

25.45

**B.**

Full Name (Last, First, Middle Initial)

MARCIE E MOLEK

Mailing Address 400 KEVIN LANE

City

GRAYSLAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444741

Amount of Each Receipt this Period

25.45

**C.**

Full Name (Last, First, Middle Initial)

SHARON L MOLLER

Mailing Address 19702 88TH AVE W

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444937

Amount of Each Receipt this Period

17.51

**SUBTOTAL** of Receipts This Page (optional) .....

68.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DEBBIE A MORALES

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.33

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444487

Amount of Each Receipt this Period

37.15

**B.**

Full Name (Last, First, Middle Initial)

DEBBIE A MORALES

Mailing Address 21285 S. BOSCHOME CIRCLE

City State Zip Code  
 KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.48

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444890

Amount of Each Receipt this Period

37.15

**C.**

Full Name (Last, First, Middle Initial)

MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.22

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444247

Amount of Each Receipt this Period

37.02

**SUBTOTAL** of Receipts This Page (optional) .....

111.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 208

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MEGHAN O MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444653

Amount of Each Receipt this Period

37.02

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444324

Amount of Each Receipt this Period

41.27

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL F MULVIHILL

Mailing Address 2445 CHERRY LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444728

Amount of Each Receipt this Period

41.27

**SUBTOTAL** of Receipts This Page (optional) .....

119.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 1908 N. Silver Lake Road

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444498

Amount of Each Receipt this Period

41.16

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A MURPHY

Mailing Address 1908 N. Silver Lake Road

City

Arlington Heights

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444901

Amount of Each Receipt this Period

41.16

**C.**

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.73

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444438

Amount of Each Receipt this Period

60.19

**SUBTOTAL** of Receipts This Page (optional) .....

142.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.92

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444841

Amount of Each Receipt this Period

60.19

**B.**

Full Name (Last, First, Middle Initial)

Laura Nadler

Mailing Address 399 W. Fullerton Pkwy #16W

City State Zip Code  
 Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444577

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

Laura Nadler

Mailing Address 399 W. Fullerton Pkwy #16W

City State Zip Code  
 Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444980

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

180.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City

PALATINE

State

IL

Zip Code

60074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.34

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444417

Amount of Each Receipt this Period

20.14

**B.**

Full Name (Last, First, Middle Initial)

JOAN M NAUGHTON

Mailing Address 650 MALIBOU

City

PALATINE

State

IL

Zip Code

60074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444820

Amount of Each Receipt this Period

20.14

**C.**

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1315.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444307

Amount of Each Receipt this Period

120.06

**SUBTOTAL** of Receipts This Page (optional) .....

160.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1435.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444712

Amount of Each Receipt this Period

120.06

**B.**

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444500

Amount of Each Receipt this Period

57.91

**C.**

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444903

Amount of Each Receipt this Period

57.91

**SUBTOTAL** of Receipts This Page (optional) .....

235.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 122 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444430

Amount of Each Receipt this Period

31.60

**B.**

Full Name (Last, First, Middle Initial)

THOMAS R NORTON

Mailing Address 1423 PIONEER COURT

City

WAUKEGAN

State

IL

Zip Code

60085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444833

Amount of Each Receipt this Period

31.60

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.50

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444299

Amount of Each Receipt this Period

20.74

**SUBTOTAL** of Receipts This Page (optional) .....

83.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD C O'BRIEN

Mailing Address 574 S. COUNTRY RIDGE

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444704

Amount of Each Receipt this Period

20.74

**B.**

Full Name (Last, First, Middle Initial)  
JOHN O'MALLEY

Mailing Address 1816 ASPEN LANE

City State Zip Code  
MOUNT PROSPECT IL 60056

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444812

Amount of Each Receipt this Period

16.76

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.23

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444210

Amount of Each Receipt this Period

26.93

**SUBTOTAL** of Receipts This Page (optional) .....

64.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL P O'SHEA

Mailing Address 2505 NEWPORT DRIVE

City

NAPERVILLE

State

IL

Zip Code

60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444616

Amount of Each Receipt this Period

26.93

**B.**

Full Name (Last, First, Middle Initial)

ROGER D ODLE II, II

Mailing Address 5170 BARCROFT DRIVE

City

HOFFMAN ESTATES

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444407

Amount of Each Receipt this Period

42.50

**C.**

Full Name (Last, First, Middle Initial)

ROGER D ODLE II, II

Mailing Address 5170 BARCROFT DRIVE

City

HOFFMAN ESTATES

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior State Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444810

Amount of Each Receipt this Period

42.50

**SUBTOTAL** of Receipts This Page (optional) .....

111.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City State Zip Code  
DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444284

Amount of Each Receipt this Period

40.16

**B.**

Full Name (Last, First, Middle Initial)  
KENNETH I OMURA

Mailing Address 361 KELBURN RD. #315

City State Zip Code  
DEERFIELD IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444689

Amount of Each Receipt this Period

40.16

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444276

Amount of Each Receipt this Period

45.16

**SUBTOTAL** of Receipts This Page (optional) .....

125.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444681

Amount of Each Receipt this Period

45.16

**B.**

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444242

Amount of Each Receipt this Period

46.25

**C.**

Full Name (Last, First, Middle Initial)

DEAN T PAPPAS

Mailing Address 3406 VICEROY COURT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444648

Amount of Each Receipt this Period

46.25

**SUBTOTAL** of Receipts This Page (optional) .....

137.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.22

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444348

Amount of Each Receipt this Period

32.50

**B.**

Full Name (Last, First, Middle Initial)

MAYUR M PATEL

Mailing Address 742 E PARKVIEW CT

City

ROSELLE

State

IL

Zip Code

60172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444752

Amount of Each Receipt this Period

32.50

**C.**

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444233

Amount of Each Receipt this Period

78.98

**SUBTOTAL** of Receipts This Page (optional) .....

143.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444639

Amount of Each Receipt this Period

78.98

**B.**

Full Name (Last, First, Middle Initial)

LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.79

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444432

Amount of Each Receipt this Period

40.41

**C.**

Full Name (Last, First, Middle Initial)

LAURIE PELLOUCHOUD

Mailing Address 1447 PLEASANT

City

GLENVIEW

State

IL

Zip Code

60025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Homeowner Initiative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444835

Amount of Each Receipt this Period

40.41

**SUBTOTAL** of Receipts This Page (optional) .....

159.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code  
West Dundee IL 60118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.94

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444385

Amount of Each Receipt this Period

31.38

**B.**

Full Name (Last, First, Middle Initial)  
RONALD J PEPPING

Mailing Address 2721 Acorn Ct.

City State Zip Code  
West Dundee IL 60118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444788

Amount of Each Receipt this Period

31.38

**C.**

Full Name (Last, First, Middle Initial)  
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444203

Amount of Each Receipt this Period

55.48

**SUBTOTAL** of Receipts This Page (optional) .....

118.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444609

Amount of Each Receipt this Period

55.48

**B.**

Full Name (Last, First, Middle Initial)

NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City

ROCKFORD

State

IL

Zip Code

61114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444405

Amount of Each Receipt this Period

20.30

**C.**

Full Name (Last, First, Middle Initial)

NANCY A PERRY

Mailing Address 3575 CALDERWOOD DR

City

ROCKFORD

State

IL

Zip Code

61114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444808

Amount of Each Receipt this Period

20.30

**SUBTOTAL** of Receipts This Page (optional) .....

96.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444556

Amount of Each Receipt this Period

32.31

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS S PETERSON

Mailing Address 2756 BRECKENRIDGE LANE

City State Zip Code  
NAPERVILLE IL 60565

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
CC IT Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444959

Amount of Each Receipt this Period

32.31

**C.**

Full Name (Last, First, Middle Initial)  
JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City State Zip Code  
CHICAGO IL 60647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Finance -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.46

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444306

Amount of Each Receipt this Period

64.78

**SUBTOTAL** of Receipts This Page (optional) .....

129.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Finance -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444711

Amount of Each Receipt this Period

64.78

**B.**

Full Name (Last, First, Middle Initial)

Mark D Pitchford

Mailing Address 653 Hinman Ave

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Direct Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444559

Amount of Each Receipt this Period

70.62

**C.**

Full Name (Last, First, Middle Initial)

Mark D Pitchford

Mailing Address 653 Hinman Ave

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Direct Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444962

Amount of Each Receipt this Period

70.62

**SUBTOTAL** of Receipts This Page (optional) .....

206.02

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444197

Amount of Each Receipt this Period

49.46

**B.**

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444603

Amount of Each Receipt this Period

49.46

**C.**

Full Name (Last, First, Middle Initial)

THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444434

Amount of Each Receipt this Period

24.75

SUBTOTAL of Receipts This Page (optional) .....

123.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS G PURTELL

Mailing Address 22663 CHESHIRE COURT

City State Zip Code  
DEER PARK IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Sr. Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444837

Amount of Each Receipt this Period

24.75

**B.**

Full Name (Last, First, Middle Initial)  
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code  
ARLINGTON HGTS IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.89

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444544

Amount of Each Receipt this Period

34.63

**C.**

Full Name (Last, First, Middle Initial)  
JORGE A QUEZADA

Mailing Address 1407 W. GROVE ST

City State Zip Code  
ARLINGTON HGTS IL 60005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444947

Amount of Each Receipt this Period

34.63

**SUBTOTAL** of Receipts This Page (optional) .....

94.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City

ARLINGTON HEIGH

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.77

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444462

Amount of Each Receipt this Period

44.31

**B.**

Full Name (Last, First, Middle Initial)

MARY J QUINN

Mailing Address 837 S. CHESTNUT AVENUE

City

ARLINGTON HEIGH

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444865

Amount of Each Receipt this Period

44.31

**C.**

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444180

Amount of Each Receipt this Period

46.72

**SUBTOTAL** of Receipts This Page (optional) .....

135.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444586

Amount of Each Receipt this Period

46.72

**B.**

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 618 Burdick St.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444358

Amount of Each Receipt this Period

38.96

**C.**

Full Name (Last, First, Middle Initial)

KEVIN P RICE

Mailing Address 618 Burdick St.

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444762

Amount of Each Receipt this Period

38.96

**SUBTOTAL** of Receipts This Page (optional) .....

124.64

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.79

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444175

Amount of Each Receipt this Period

26.89

**B.**

Full Name (Last, First, Middle Initial)

BRIAN R RICHARD

Mailing Address 37 JOSEPH PLACE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444581

Amount of Each Receipt this Period

26.89

**C.**

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444362

Amount of Each Receipt this Period

54.56

**SUBTOTAL** of Receipts This Page (optional) .....

108.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444766

Amount of Each Receipt this Period

54.56

**B.**

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 62 Bart Drive

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444514

Amount of Each Receipt this Period

32.79

**C.**

Full Name (Last, First, Middle Initial)

TED ROBERTS

Mailing Address 62 Bart Drive

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Territorial Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444917

Amount of Each Receipt this Period

32.79

**SUBTOTAL** of Receipts This Page (optional) .....

120.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
ROGER S ROBINSON

Mailing Address 2014 BENCAL DR. SE

City State Zip Code  
ATLANTA GA 30316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Communications M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444267

Amount of Each Receipt this Period

24.01

**B.**

Full Name (Last, First, Middle Initial)  
ROGER S ROBINSON

Mailing Address 2014 BENCAL DR. SE

City State Zip Code  
ATLANTA GA 30316

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Regional Communications M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444673

Amount of Each Receipt this Period

24.01

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City State Zip Code  
AURORA IL 60506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1158.45

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444373

Amount of Each Receipt this Period

106.15

**SUBTOTAL** of Receipts This Page (optional) .....

154.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1264.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444777

Amount of Each Receipt this Period

106.15

**B.**

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444302

Amount of Each Receipt this Period

43.63

**C.**

Full Name (Last, First, Middle Initial)

GREGORY C ROHLFING

Mailing Address 106 ASHLAND

City

RIVER FOREST

State

IL

Zip Code

60305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444707

Amount of Each Receipt this Period

43.63

**SUBTOTAL** of Receipts This Page (optional) .....

193.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANDREW R ROMERO

Mailing Address 105 BENETO CT

City

FOLSOM

State

CA

Zip Code

95630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Financial Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444926

Amount of Each Receipt this Period

17.55

**B.**

Full Name (Last, First, Middle Initial)

JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.91

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444406

Amount of Each Receipt this Period

40.05

**C.**

Full Name (Last, First, Middle Initial)

JOHN ROSZKOWSKI

Mailing Address 3371 VENARD RD.

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444809

Amount of Each Receipt this Period

40.05

**SUBTOTAL** of Receipts This Page (optional) .....

97.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City

RED BANK

State

NJ

Zip Code

07701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444224

Amount of Each Receipt this Period

22.45

**B.**

Full Name (Last, First, Middle Initial)

DOREEN M RYAN

Mailing Address 17 ALSTON COURT

City

RED BANK

State

NJ

Zip Code

07701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444630

Amount of Each Receipt this Period

22.45

**C.**

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444300

Amount of Each Receipt this Period

42.60

**SUBTOTAL** of Receipts This Page (optional) .....

87.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAUL R RYSKE

Mailing Address 898 E. LONGWOOD DR.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444705

Amount of Each Receipt this Period

42.60

**B.**

Full Name (Last, First, Middle Initial)

Donal D Sands

Mailing Address 321 N. Brainard Ave.

City

LaGrange Park

State

IL

Zip Code

60526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Strategy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444579

Amount of Each Receipt this Period

51.78

**C.**

Full Name (Last, First, Middle Initial)

Donal D Sands

Mailing Address 321 N. Brainard Ave.

City

LaGrange Park

State

IL

Zip Code

60526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Strategy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444982

Amount of Each Receipt this Period

51.78

**SUBTOTAL** of Receipts This Page (optional) .....

146.16

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

295.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444283

Amount of Each Receipt this Period

29.64

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A SCARDINA

Mailing Address 51 SOUTH ROYAL OAK

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Asset Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444688

Amount of Each Receipt this Period

29.64

**C.**

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444410

Amount of Each Receipt this Period

34.11

SUBTOTAL of Receipts This Page (optional) .....

93.39

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICK J SCHNEIDER

Mailing Address 210 NORTH TRAIL

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444813

Amount of Each Receipt this Period

34.11

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.10

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444227

Amount of Each Receipt this Period

56.62

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444633

Amount of Each Receipt this Period

56.62

**SUBTOTAL** of Receipts This Page (optional) .....

147.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.90

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444504

Amount of Each Receipt this Period

20.02

**B.**

Full Name (Last, First, Middle Initial)

DALE J SCHUELLER

Mailing Address 25 Scarlet Oak Rd

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444907

Amount of Each Receipt this Period

20.02

**C.**

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444343

Amount of Each Receipt this Period

29.12

**SUBTOTAL** of Receipts This Page (optional) .....

69.16

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID I SCHUR

Mailing Address 1216 SANDHURST DRIVE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Property &amp; Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444747

Amount of Each Receipt this Period

29.12

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444531

Amount of Each Receipt this Period

20.11

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D SCHUSTER

Mailing Address 5908 E Night Glow Cir.

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444934

Amount of Each Receipt this Period

20.11

SUBTOTAL of Receipts This Page (optional) .....

69.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444472

Amount of Each Receipt this Period

51.64

**B.**

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444875

Amount of Each Receipt this Period

51.64

**C.**

Full Name (Last, First, Middle Initial)

ALBERT SCHWARZHAUPT

Mailing Address 29 Doral Drive

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Sr. Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444614

Amount of Each Receipt this Period

16.93

**SUBTOTAL** of Receipts This Page (optional) .....

120.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444400

Amount of Each Receipt this Period

45.37

**B.**

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444803

Amount of Each Receipt this Period

45.37

**C.**

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP & CFO Allstate Investm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.17

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444369

Amount of Each Receipt this Period

88.19

**SUBTOTAL** of Receipts This Page (optional) .....

178.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP & CFO Allstate Investm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444773

Amount of Each Receipt this Period

88.19

**B.**

Full Name (Last, First, Middle Initial)

STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.95

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444295

Amount of Each Receipt this Period

20.69

**C.**

Full Name (Last, First, Middle Initial)

STEVEN R SHEFFEY

Mailing Address 839 SUMAC

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444700

Amount of Each Receipt this Period

20.69

**SUBTOTAL** of Receipts This Page (optional) .....

129.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ADAM R SHORES

Mailing Address 157 Station Park Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Corporate RelationsCommun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444550

Amount of Each Receipt this Period

20.37

**B.**

Full Name (Last, First, Middle Initial)

ADAM R SHORES

Mailing Address 157 Station Park Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Corporate RelationsCommun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.81

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444953

Amount of Each Receipt this Period

20.37

**C.**

Full Name (Last, First, Middle Initial)

DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.89

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444451

Amount of Each Receipt this Period

22.79

**SUBTOTAL** of Receipts This Page (optional) .....

63.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
DENIS C SHUNTA

Mailing Address 5200 RIDGEGATE WAY

City State Zip Code  
FAIR OAKS CA 95628

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444854

Amount of Each Receipt this Period

22.79

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code  
WALL NJ 07719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.63

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444219

Amount of Each Receipt this Period

33.93

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT L SIMMONS

Mailing Address 418 DEUCE DRIVE

City State Zip Code  
WALL NJ 07719

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444625

Amount of Each Receipt this Period

33.93

**SUBTOTAL** of Receipts This Page (optional) .....

90.65

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444517

Amount of Each Receipt this Period

40.21

**B.**

Full Name (Last, First, Middle Initial)

KIMBALL S SIMON

Mailing Address 11 WEHRHEIM

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444920

Amount of Each Receipt this Period

40.21

**C.**

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444304

Amount of Each Receipt this Period

27.72

SUBTOTAL of Receipts This Page (optional) .....

108.14

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANNE E SIMPSON

Mailing Address 632 ONWENTSIA AVENUE

City

HIGHLAND PARK

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Tax Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444709

Amount of Each Receipt this Period

27.72

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444391

Amount of Each Receipt this Period

42.19

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY J SLOANE

Mailing Address 378 N. VISTA AVE

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444794

Amount of Each Receipt this Period

42.19

SUBTOTAL of Receipts This Page (optional) .....

112.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444476

Amount of Each Receipt this Period

35.54

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES M SMITH

Mailing Address 414 E. Burr Oak Dr.

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444879

Amount of Each Receipt this Period

35.54

**C.**

Full Name (Last, First, Middle Initial)  
KENNETH D SMITH

Mailing Address 619 N HUMPHREY AVE.

City State Zip Code  
OAK PARK IL 60302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Real Estate and Facilitie

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444806

Amount of Each Receipt this Period

16.78

**SUBTOTAL** of Receipts This Page (optional) .....

87.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RICHARD J SMITH, Jr.

Mailing Address 597 TREETOP LANE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444488

Amount of Each Receipt this Period

20.39

**B.**

Full Name (Last, First, Middle Initial)

RICHARD J SMITH, Jr.

Mailing Address 597 TREETOP LANE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444891

Amount of Each Receipt this Period

20.39

**C.**

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.77

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444510

Amount of Each Receipt this Period

33.95

**SUBTOTAL** of Receipts This Page (optional) .....

74.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RANDALL D SNITTJER

Mailing Address 11423 E. Blue Sky Drive

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444913

Amount of Each Receipt this Period

33.95

**B.**

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Vice President Pro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

926.66

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444464

Amount of Each Receipt this Period

85.50

**C.**

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Vice President Pro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444867

Amount of Each Receipt this Period

85.50

**SUBTOTAL** of Receipts This Page (optional) .....

204.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.06

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444428

Amount of Each Receipt this Period

35.90

**B.**

Full Name (Last, First, Middle Initial)

KEVIN A SPATARO

Mailing Address 1663 SARATOGA LANE

City

GLENVIEW

State

IL

Zip Code

60026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444831

Amount of Each Receipt this Period

35.90

**C.**

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444240

Amount of Each Receipt this Period

38.85

**SUBTOTAL** of Receipts This Page (optional) .....

110.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

EDWIN M SPECHT

Mailing Address 740 AMBRIA DRIVE

City

MUNDELEIN

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444646

Amount of Each Receipt this Period

38.85

**B.**

Full Name (Last, First, Middle Initial)

BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444447

Amount of Each Receipt this Period

26.70

**C.**

Full Name (Last, First, Middle Initial)

BRIAN M SPENCE

Mailing Address 1001 N Vermont St

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444850

Amount of Each Receipt this Period

26.70

SUBTOTAL of Receipts This Page (optional) .....

92.25

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444422

Amount of Each Receipt this Period

28.28

**B.**

Full Name (Last, First, Middle Initial)

JAMES G SPORLEDER

Mailing Address 20 LAKESIDE LANE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &amp;

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444825

Amount of Each Receipt this Period

28.28

**C.**

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444287

Amount of Each Receipt this Period

52.09

SUBTOTAL of Receipts This Page (optional) .....

108.65

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444692

Amount of Each Receipt this Period

52.09

**B.**

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444261

Amount of Each Receipt this Period

42.33

**C.**

Full Name (Last, First, Middle Initial)

EMORY D STEPHENS JR, Jr.

Mailing Address 4711 N WOLCOTT AVE

City

CHICAGO

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444667

Amount of Each Receipt this Period

42.33

SUBTOTAL of Receipts This Page (optional) .....

136.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.38

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444270

Amount of Each Receipt this Period

41.86

**B.**

Full Name (Last, First, Middle Initial)

GARY S STERE

Mailing Address 2015 SELVA MADERA COURT

City

ATLANTIC BEACH

State

FL

Zip Code

32233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444676

Amount of Each Receipt this Period

41.86

**C.**

Full Name (Last, First, Middle Initial)

MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.51

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444265

Amount of Each Receipt this Period

27.01

**SUBTOTAL** of Receipts This Page (optional) .....

110.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MYRON E STOUFFER

Mailing Address 1528 JESSICA LANE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444671

Amount of Each Receipt this Period

27.01

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.81

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444176

Amount of Each Receipt this Period

26.99

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTINE A SULLIVAN

Mailing Address 257 BIG TERRA LANE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.80

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444582

Amount of Each Receipt this Period

26.99

**SUBTOTAL** of Receipts This Page (optional) .....

80.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Auditing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

649.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444311

Amount of Each Receipt this Period

59.45

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Auditing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

708.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444716

Amount of Each Receipt this Period

59.45

**C.**

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

433.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444347

Amount of Each Receipt this Period

39.41

SUBTOTAL of Receipts This Page (optional) .....

158.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 165 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JERROLD S SZOSTAK

Mailing Address 1064 W GLENN TRAIL

City

ELK GROVE

State

IL

Zip Code

60007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Reserve Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444751

Amount of Each Receipt this Period

39.41

**B.**

Full Name (Last, First, Middle Initial)

CARL J TACKETT

Mailing Address 307 WENDRON COURT

City

FRANKLIN

State

TN

Zip Code

37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Financial Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444727

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)

BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444217

Amount of Each Receipt this Period

24.28

**SUBTOTAL** of Receipts This Page (optional) .....

80.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
BENJAMIN A TARVER

Mailing Address 2495 EMERALD LANE

City State Zip Code  
LINDENHURST IL 60046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Corporate Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444623

Amount of Each Receipt this Period

24.28

**B.**

Full Name (Last, First, Middle Initial)  
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code  
HOUSTON TX 77088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444495

Amount of Each Receipt this Period

24.18

**C.**

Full Name (Last, First, Middle Initial)  
JANICE M TAYLOR

Mailing Address 7335 ATHLONE

City State Zip Code  
HOUSTON TX 77088

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Frontline Performance Lea

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444898

Amount of Each Receipt this Period

24.18

**SUBTOTAL** of Receipts This Page (optional) .....

72.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SEAN D THAKUR

Mailing Address 4657 LAKE POINT CIRCLE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444893

Amount of Each Receipt this Period

18.30

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City

KENILWORTH

State

IL

Zip Code

60043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444555

Amount of Each Receipt this Period

22.91

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A THOMAS

Mailing Address 604 BRIER STREET

City

KENILWORTH

State

IL

Zip Code

60043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Administrative Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444958

Amount of Each Receipt this Period

22.91

**SUBTOTAL** of Receipts This Page (optional) .....

64.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code  
CHICAGO IL 60649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.82

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444349

Amount of Each Receipt this Period

32.34

**B.**

Full Name (Last, First, Middle Initial)  
GERALYN A THOMPSON

Mailing Address 6906 S. BENNETT

City State Zip Code  
CHICAGO IL 60649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444753

Amount of Each Receipt this Period

32.34

**C.**

Full Name (Last, First, Middle Initial)  
MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City State Zip Code  
CHICAGO IL 60657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Product Non-Standard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.71

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444505

Amount of Each Receipt this Period

29.53

**SUBTOTAL** of Receipts This Page (optional) .....

94.21

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARK L THOMPSON

Mailing Address 3233 N RACINE #2

City

CHICAGO

State

IL

Zip Code

60657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Non-Standard

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444908

Amount of Each Receipt this Period

29.53

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City

Roanoke

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.33

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444259

Amount of Each Receipt this Period

43.75

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM J THOMPSON

Mailing Address 1104 Spruce Run Drive

City

Roanoke

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Assistant Field Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444665

Amount of Each Receipt this Period

52.64

**SUBTOTAL** of Receipts This Page (optional) .....

125.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES C THOMSON

Mailing Address 531 S ALLEN LANE

City

ARLINGTON HTS

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444370

Amount of Each Receipt this Period

32.98

**B.**

Full Name (Last, First, Middle Initial)

JAMES C THOMSON

Mailing Address 531 S ALLEN LANE

City

ARLINGTON HTS

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Marketing Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.76

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444774

Amount of Each Receipt this Period

32.98

**C.**

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444359

Amount of Each Receipt this Period

30.56

**SUBTOTAL** of Receipts This Page (optional) .....

96.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT E TRANSON

Mailing Address 2644 N DOUGLAS

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Strategic Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444763

Amount of Each Receipt this Period

30.56

**B.**

Full Name (Last, First, Middle Initial)

RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444202

Amount of Each Receipt this Period

20.16

**C.**

Full Name (Last, First, Middle Initial)

RICHARD D TURANO

Mailing Address 4960 S CHESTER ST

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444608

Amount of Each Receipt this Period

20.16

**SUBTOTAL** of Receipts This Page (optional) .....

70.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444367

Amount of Each Receipt this Period

61.18

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444771

Amount of Each Receipt this Period

61.18

**C.**

Full Name (Last, First, Middle Initial)

JOHN W VAN ETEN

Mailing Address 924 W. Gordon Terrrace #3

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Frontline Process Expert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.07

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444414

Amount of Each Receipt this Period

22.90

**SUBTOTAL** of Receipts This Page (optional) .....

145.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 173 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN W VAN ETEN

Mailing Address 924 W. Gordon Terrace #3

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Frontline Process Expert

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.97

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444817

Amount of Each Receipt this Period

22.90

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444310

Amount of Each Receipt this Period

33.88

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM P VANDERBORG

Mailing Address 561 W CROOKED STICK CT

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Senior Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444715

Amount of Each Receipt this Period

33.88

**SUBTOTAL** of Receipts This Page (optional) .....

90.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.71

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444516

Amount of Each Receipt this Period

65.69

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

779.40

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444919

Amount of Each Receipt this Period

65.69

**C.**

Full Name (Last, First, Middle Initial)

BILL VASIOGAMBROS

Mailing Address 1309 S. PINE AVE

City

ARLINGTON HTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Operations Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.24

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444840

Amount of Each Receipt this Period

17.27

**SUBTOTAL** of Receipts This Page (optional) .....

148.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444301

Amount of Each Receipt this Period

41.37

**B.**

Full Name (Last, First, Middle Initial)

RICHARD VAVRA

Mailing Address 2514 S WESLEY AVENUE

City

BERWYN

State

IL

Zip Code

60402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	1

Transaction ID: A2011-1444706

Amount of Each Receipt this Period

41.37

**C.**

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: A2011-1444213

Amount of Each Receipt this Period

78.29

SUBTOTAL of Receipts This Page (optional) .....

161.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444619

Amount of Each Receipt this Period

78.29

**B.**

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444553

Amount of Each Receipt this Period

51.92

**C.**

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

623.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444956

Amount of Each Receipt this Period

51.92

**SUBTOTAL** of Receipts This Page (optional) .....

182.13

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City State Zip Code  
Redwood City CA 94063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Research Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444279

Amount of Each Receipt this Period

36.79

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS M WARDEN

Mailing Address 770 Bair Island Road #200

City State Zip Code  
Redwood City CA 94063

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Research Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444684

Amount of Each Receipt this Period

36.79

**C.**

Full Name (Last, First, Middle Initial)  
EDWIN L WASINGER JR, Jr.

Mailing Address 6245 MURIFIELD DRIVE

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.78

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444433

Amount of Each Receipt this Period

19.35

**SUBTOTAL** of Receipts This Page (optional) .....

92.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

EDWIN L WASINGER JR, Jr.

Mailing Address 6245 MURIFIELD DRIVE

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Product Operations Direct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.13

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444836

Amount of Each Receipt this Period

19.35

**B.**

Full Name (Last, First, Middle Initial)

Robert Wasserman

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

60188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.31

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444572

Amount of Each Receipt this Period

65.77

**C.**

Full Name (Last, First, Middle Initial)

Robert Wasserman

Mailing Address 1N165 Partridge Dr

City

Wheaton

State

IL

Zip Code

60188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444975

Amount of Each Receipt this Period

65.77

**SUBTOTAL** of Receipts This Page (optional) .....

150.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN A WATSON

Mailing Address 10227 Thurston Groves Blvd.

City

Seminole

State

FL

Zip Code

33778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Field Product Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444928

Amount of Each Receipt this Period

16.68

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM D WEBB JR, Jr.

Mailing Address 11321 LAURA LANE

City

FRANKFORT

State

IL

Zip Code

60423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Director FSS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.25

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444313

Amount of Each Receipt this Period

18.67

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM D WEBB JR, Jr.

Mailing Address 11321 LAURA LANE

City

FRANKFORT

State

IL

Zip Code

60423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Director FSS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444718

Amount of Each Receipt this Period

18.67

**SUBTOTAL** of Receipts This Page (optional) .....

54.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 180 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.14

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444508

Amount of Each Receipt this Period

35.02

**B.**

Full Name (Last, First, Middle Initial)

JONATHAN J WELLS

Mailing Address 5394 W RIVER BEND DRIVE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Bank Cash Management Dire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444911

Amount of Each Receipt this Period

35.02

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE S WELLSANDT

Mailing Address 265 N. 22nd Road

City

Unadilla

State

NE

Zip Code

68454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.92

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444520

Amount of Each Receipt this Period

20.60

**SUBTOTAL** of Receipts This Page (optional) .....

90.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEANETTE S WELLSANDT

Mailing Address 265 N. 22nd Road

City

Unadilla

State

NE

Zip Code

68454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Human Resource Senior Man

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.52

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444923

Amount of Each Receipt this Period

20.60

**B.**

Full Name (Last, First, Middle Initial)

Lucie White

Mailing Address 1250 Forest Glen Drive

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Corporate Relations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.09

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444575

Amount of Each Receipt this Period

37.63

**C.**

Full Name (Last, First, Middle Initial)

Lucie White

Mailing Address 1250 Forest Glen Drive

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Corporate Relations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444978

Amount of Each Receipt this Period

37.63

**SUBTOTAL** of Receipts This Page (optional) .....

95.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.41

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444496

Amount of Each Receipt this Period

35.71

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL W WHITEMAN

Mailing Address 47 Park View Ln

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Field Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444899

Amount of Each Receipt this Period

35.71

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA A WHITFIELD

Mailing Address 1818 N. Crenshaw Circle

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.75

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444216

Amount of Each Receipt this Period

21.81

**SUBTOTAL** of Receipts This Page (optional) .....

93.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA A WHITFIELD

Mailing Address 1818 N. Crenshaw Circle

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444622

Amount of Each Receipt this Period

21.81

**B.**

Full Name (Last, First, Middle Initial)

ROBERT N WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.69

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444286

Amount of Each Receipt this Period

21.79

**C.**

Full Name (Last, First, Middle Initial)

ROBERT N WHOLF

Mailing Address 847 INTERLAKEN DRIVE

City

LAKE ZURICH

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claims Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444691

Amount of Each Receipt this Period

21.79

**SUBTOTAL** of Receipts This Page (optional) .....

65.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.93

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444325

Amount of Each Receipt this Period

36.43

**B.**

Full Name (Last, First, Middle Initial)

JOHN K WILCOX

Mailing Address 1120 JESSICA LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444729

Amount of Each Receipt this Period

36.43

**C.**

Full Name (Last, First, Middle Initial)

JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Claim Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444262

Amount of Each Receipt this Period

24.83

**SUBTOTAL** of Receipts This Page (optional) .....

97.69

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES L WILLCOX

Mailing Address 1562 Sienna Oak Court

City

Sandy

State

UT

Zip Code

84092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Market Claim Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.36

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444668

Amount of Each Receipt this Period

24.83

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444350

Amount of Each Receipt this Period

41.87

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY W WILLIAMS

Mailing Address 7104 CHARDON COURT

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444754

Amount of Each Receipt this Period

41.87

**SUBTOTAL** of Receipts This Page (optional) .....

108.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2792.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444458

Amount of Each Receipt this Period

253.85

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3046.20

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444861

Amount of Each Receipt this Period

253.85

**C.**

Full Name (Last, First, Middle Initial)

KURT L WINTER

Mailing Address 1403 N. WALNUT

City

ARLINGTON HGHTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.54

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444548

Amount of Each Receipt this Period

18.46

**SUBTOTAL** of Receipts This Page (optional) .....

526.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KURT L WINTER

Mailing Address 1403 N. WALNUT

City

ARLINGTON HGHTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444951

Amount of Each Receipt this Period

18.46

**B.**

Full Name (Last, First, Middle Initial)

RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City

JOHNSBURG

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.86

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444427

Amount of Each Receipt this Period

19.42

**C.**

Full Name (Last, First, Middle Initial)

RONALD W WINTER

Mailing Address 2908 GREY HERON CT.

City

JOHNSBURG

State

IL

Zip Code

60050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.28

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444830

Amount of Each Receipt this Period

19.42

**SUBTOTAL** of Receipts This Page (optional) .....

57.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 208

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.57

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444423

Amount of Each Receipt this Period

21.55

**B.**

Full Name (Last, First, Middle Initial)

BRUCE A WOIKE

Mailing Address 1318 N. CHESTNUT AVE.

City

ARLINGTON HTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Accounting Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.12

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444826

Amount of Each Receipt this Period

21.55

**C.**

Full Name (Last, First, Middle Initial)

ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.45

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444497

Amount of Each Receipt this Period

35.43

**SUBTOTAL** of Receipts This Page (optional) .....

78.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANGELA K WOIROL

Mailing Address 28616 Sky Crest Dr

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.88

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444900

Amount of Each Receipt this Period

35.43

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444215

Amount of Each Receipt this Period

16.88

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW WOJTASZEK

Mailing Address 7 WELLESLEY COURT

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Operations Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.32

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444621

Amount of Each Receipt this Period

16.88

**SUBTOTAL** of Receipts This Page (optional) .....

69.19

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 208

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**Full Name (Last, First, Middle Initial)  
DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City	State	Zip Code
CHICAGO	IL	60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444252

Amount of Each Receipt this Period

18.55

**B.**Full Name (Last, First, Middle Initial)  
DAVID E WOOLWINE

Mailing Address 1608 W. ROSEHILL DR

City	State	Zip Code
CHICAGO	IL	60660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
Communication Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	1

Transaction ID: A2011-1444658

Amount of Each Receipt this Period

18.55

**C.**Full Name (Last, First, Middle Initial)  
DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City	State	Zip Code
MT PROSPECT	IL	60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance CompanyOccupation  
CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: A2011-1444329

Amount of Each Receipt this Period

37.72

SUBTOTAL of Receipts This Page (optional) .....

74.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DONALD F WYATT JR, Jr.

Mailing Address 811 DRESSER DR.

City

MT PROSPECT

State

IL

Zip Code

60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CC IT Systems Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444733

Amount of Each Receipt this Period

37.72

**B.**

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Knowledge Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444390

Amount of Each Receipt this Period

58.04

**C.**

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Knowledge Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444793

Amount of Each Receipt this Period

58.04

**SUBTOTAL** of Receipts This Page (optional) .....

153.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code  
ARLINGTON HGTS. IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.19

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444396

Amount of Each Receipt this Period

57.77

**B.**

Full Name (Last, First, Middle Initial)  
LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City State Zip Code  
ARLINGTON HGTS. IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444799

Amount of Each Receipt this Period

57.77

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code  
WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Product Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.85

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444330

Amount of Each Receipt this Period

44.75

**SUBTOTAL** of Receipts This Page (optional) .....

160.29

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City State Zip Code  
WADSWORTH IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Product Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.60

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444734

Amount of Each Receipt this Period

44.75

**B.**

Full Name (Last, First, Middle Initial)  
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Ivantage/Independent A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1223.53

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444549

Amount of Each Receipt this Period

111.63

**C.**

Full Name (Last, First, Middle Initial)  
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Ivantage/Independent A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444952

Amount of Each Receipt this Period

111.63

**SUBTOTAL** of Receipts This Page (optional) .....

268.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Director of Flight Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.74

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444353

Amount of Each Receipt this Period

20.74

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP C YOUNG

Mailing Address 2181 APPLE HILL LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Director of Flight Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444757

Amount of Each Receipt this Period

20.74

**C.**

Full Name (Last, First, Middle Initial)

MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444387

Amount of Each Receipt this Period

40.04

**SUBTOTAL** of Receipts This Page (optional) .....

81.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
MARY E ZAGORSKI

Mailing Address 2609 N PINE AVE

City State Zip Code  
ARLINGTON HEIGHTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444790

Amount of Each Receipt this Period

40.04

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.47

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444475

Amount of Each Receipt this Period

9.61

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.08

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444878

Amount of Each Receipt this Period

9.61

**SUBTOTAL** of Receipts This Page (optional) .....

59.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City

VILLA PARK

State

IL

Zip Code

60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.44

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444443

Amount of Each Receipt this Period

20.04

**B.**

Full Name (Last, First, Middle Initial)

PAUL K ZIGTERMAN

Mailing Address 236 SOUTH RIVERSIDE DRIVE

City

VILLA PARK

State

IL

Zip Code

60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.48

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444846

Amount of Each Receipt this Period

20.04

**C.**

Full Name (Last, First, Middle Initial)

GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444468

Amount of Each Receipt this Period

42.59

**SUBTOTAL** of Receipts This Page (optional) .....

82.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

GERALD L ZIMMERMAN JR

Mailing Address 2584 Sutton Lane

City

AURORA

State

IL

Zip Code

60502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Home Office Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.64

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444871

Amount of Each Receipt this Period

42.59

**B.**

Full Name (Last, First, Middle Initial)

JERRY D ZINKULA

Mailing Address 920 CEDAR LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444506

Amount of Each Receipt this Period

22.56

**C.**

Full Name (Last, First, Middle Initial)

JERRY D ZINKULA

Mailing Address 920 CEDAR LANE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.72

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444909

Amount of Each Receipt this Period

22.56

**SUBTOTAL** of Receipts This Page (optional) .....

87.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 208

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.16

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: A2011-1444519

Amount of Each Receipt this Period

26.52

**B.**

Full Name (Last, First, Middle Initial)

CARLA D ZUNIGA

Mailing Address 2189 N. BEAVER CREEK DRIVE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: A2011-1444922

Amount of Each Receipt this Period

26.52

**SUBTOTAL** of Receipts This Page (optional) .....

53.04

**TOTAL** This Period (last page this line number only) .....

22430.77

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 208

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Fifth Third Bank

Mailing Address 346 West Carol Lane

City  
Elmhurst

State  
IL

Zip Code  
60062

Purpose of Disbursement  
June bank charge.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: IL

District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B388245

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2011

Amount of Each Disbursement this Period

97.90

SUBTOTAL of Disbursements This Page (optional) .....

97.90

TOTAL This Period (last page this line number only) .....

97.90

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Randy Hultgren for Congress	<b>Transaction ID:</b> B385989 <b>Date of Disbursement</b>																				
Mailing Address 104 Hume Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City Alexandria State VA Zip Code 22301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Randy Hultgren	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Candice Miller for Congress	<b>Transaction ID:</b> B386169 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 182152	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	1												
City Shelby Township State MI Zip Code 48318	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																					
Candidate Name Candice Miller	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LaTourette for Congress	<b>Transaction ID:</b> B386168 <b>Date of Disbursement</b>																				
Mailing Address 217 Third Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Steven C LaTourette	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 201 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Jim Clyburn

Mailing Address 499 S Capitol St SW Ste 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
ContributionCandidate Name  
James E Clyburn011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: B387293

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: SD District:

Not Applicable

Transaction ID: B386504

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

2500.00

TOTAL This Period (last page this line number only) ..... ►

4800.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Wilmer Amina Carter 2014 #1335232

Mailing Address 1005 12th Street Ste H

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
P-2014 State Senate 32 CA

Candidate Name  
Wilmer Carter

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B386170

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Hall for State Assembly 2012 ID# 1333819

Mailing Address 921 11th St. Ste 904

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
P-2012 State House 52 CA

Candidate Name  
Isadore Hall

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B386505

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Blakeslee for Senate 2012 ID#1313588

Mailing Address 9321 Silver Bend Lane

City  
Elk Grove

State  
CA

Zip Code  
95624

Purpose of Disbursement  
P-2012 State Senate 15 CA

Candidate Name  
Sam Blakeslee

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B387294

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 203 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Ronald Calderon Senate Officehldr #1333805

Mailing Address 925 L Street #1490

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
O-2011 State Senate 30 CACandidate Name  
Ronald Calderon011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Office Holder Acct

Transaction ID: B387302

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin De Leon Senate 2014 ID#1334203

Mailing Address 1100 O Street Suite 200

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2014 State Senate 22 CACandidate Name  
Kevin De Leon011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B387300

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Hayashi for State Senate 2014

Mailing Address 1100 O Street Ste. 200

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2014 State Senate CACandidate Name  
Mary Hayashi011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B387298

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
Curren Price for Senate 2014 ID# 1333769

Mailing Address 925 L Street #1490

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
P-2014 State Senate 26 CA

Candidate Name  
Curren Price

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B387296

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Taxpayers for Wyland Bd of Equalization 2014

Mailing Address 10229 Whitetail Drive

City Oakdale State CA Zip Code 95361

Purpose of Disbursement  
P-2014 State Brd. Of Equalization CA

Candidate Name  
Mark Wyland

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B387333

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mike Morrell for State Assembly #1334103

Mailing Address 10229 Whitetail Drive

City Oakdale State CA Zip Code 95361

Purpose of Disbursement  
P-2012 State House 63 CA

Candidate Name  
Mike Morrell

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B387633

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 208

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of John Astle Mailing Address 1200 Light St. Unit B	<b>Transaction ID:</b> B387328 <b>Date of Disbursement</b> <div> <div>06</div> <div>21</div> <div>2011</div> </div>
City Baltimore State MD Zip Code 21230 Purpose of Disbursement O-2014 State Senate 30 MD Candidate Name John C. Astle Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Barry Glassman Mailing Address PO Box 273 City Churchville State MD Zip Code 21028 Purpose of Disbursement O-2014 State Senate 35 MD Candidate Name Barry Glassman Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle	<b>Transaction ID:</b> B387329 <b>Date of Disbursement</b> <div> <div>06</div> <div>21</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>200.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Delores Kelley Mailing Address P.O. Box 21514 City Baltimore State MD Zip Code 21282 Purpose of Disbursement O-2014 State Senate 10 MD Candidate Name Delores G Kelley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle	<b>Transaction ID:</b> B387330 <b>Date of Disbursement</b> <div> <div>06</div> <div>21</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>150.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**850.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 206 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Brian Feldman	<b>Transaction ID:</b> B387643 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 34408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Bethesda State MD Zip Code 20827	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement O-2014 State House 15 MD	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name Brian J. Feldman	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Rob Garagiola	<b>Transaction ID:</b> B387642 <b>Date of Disbursement</b>																				
Mailing Address 1200 Light Street Unit B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Baltimore State MD Zip Code 21230	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement O-2014 State Senate 15 MD	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name Rob J Garagiola	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle																					
<b>C.</b> Full Name (Last, First, Middle Initial) Cmte to Elect Allan Kittleman	<b>Transaction ID:</b> B387641 <b>Date of Disbursement</b>																				
Mailing Address 3030 Kittleman Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City West Friendship State MD Zip Code 21794	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement O-2014 State Senate 09 MD	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name Allan H. Kittleman	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Election Cycle																					

**SUBTOTAL** of Disbursements This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 208

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Jim Mathias

Mailing Address 3546 Figgs Landing Road

City State Zip Code  
Snow Hill MD 21863

Purpose of Disbursement  
O-2014 State Senate 38 MD

Candidate Name  
Jim Mathias

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: Election Cycle

Transaction ID: B387638

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Friends of Brian McHale

Mailing Address 1604 East Fort Avenue

City State Zip Code  
Baltimore MD 21230

Purpose of Disbursement  
O-2014 State House 46 MD

Candidate Name  
Brian K. McHale

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: Election Cycle

Transaction ID: B387635

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Friends of Warren Miller

Mailing Address PO Box 1620

City State Zip Code  
Glenwood MD 21738

Purpose of Disbursement  
O-2014 State House 9A MD

Candidate Name  
Warren E. Miller

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District: Election Cycle

Transaction ID: B387636

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 208 / 208

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Friends of C. Anthony Muse

Mailing Address 1200 Light Street Unit B

City Baltimore State MD Zip Code 21230

Purpose of Disbursement  
O-2014 State Senate 26 MD

Candidate Name  
C A Muse

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Election Cycle

Transaction ID: B387637

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Catherine Pugh

Mailing Address 17 W. Courtland St. Ste. 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement  
O-2014 State Senate 40 MD

Candidate Name  
Catherine E Pugh

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Election Cycle

Transaction ID: B387640

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Friends of Michael Vaughn

Mailing Address P.O. Box 6144

City Capitol Heights State MD Zip Code 20791

Purpose of Disbursement  
O-2014 State House 24 MD

Candidate Name  
Michael L Vaughn

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Election Cycle

Transaction ID: B387634

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....

10800.00